

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 154
Registered No. 190

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 98 Brower Canons Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Treviso { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female { To be answered ONLY In event of plural births. } **4. Twin, triplet or other** _____ **5. Legitimate?** yes **6. Date of birth** Apr. 14 - 1929
Month Day Year

8. FATHER
Full name Severo Treviso
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. **11. Age at last birthday** 41 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Mex.

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Avela Dunkhurst
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mex. **17. Age at last birthday** 37 (Years)

18. Birthplace (city or place) Guerreros
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 8 { (a) Born alive and now living 8
(b) Born alive but now dead 0
(c) Stillborn _____ } **21. Were precautions taken against ophthalmia neonatorum?** yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed May 10, 1929 R. E. Dinn
Registrar

Registrar

536-414-143

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.